No. 1115 1115 No. 1115 1115 No. 1115 N	A Ped	MISSOURI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELD 18 Registration District No. Primary Registration District No. Primary Registration District No. Registration District No.								
1. Full Condend MARY 28 1958 2 USHAL RESIDENCE (Where deceased lived. If institution: Residence ball ball on the country of substantial control of the country of	DO NOT WRITE					Registration District NoPrimary Registration District NoRegistrar's No				
Condition, if any, which we was a series of the condition of the case of the case of the condition of the case of the condition of the case of the			<u>.</u> []	<u>.</u>	-	COUNTY COUNTY				
Condition, if any, which we was a series of the condition of the case of the case of the condition of the case of the condition of the case of the	Rev. 4/59			11	<u> </u> –	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Inside Limits			
Comparison of the control of the c	_	¥E				TOWN St. Louis	Yes No			
NSTITUTION 6722 Devonshire Ave. Yes No 6722 Devonshire Ave. Yes No NAME OF SECRETARY No No No No No No No N	1				_	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location	n) Reside on Farm			
3 A A	2 20	36			[_	INCTITUTION A VIII N. D. VIII N.	Yes ☐ No ☐			
MARY MAGDALENA BAUMANN DEATH March 18 1963 5 2 6 9 7 0 8 2 9 9 12 1 126 Female 100 LUSUAL OCCUPATION (Give kind of werk dans) 8 2 9 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				$\dagger \dagger$	-		Day Year			
Female Write Widowed E Divorced 6.1-1864 98						MARY MAGDALENA BAUMANN DEATH March				
10. SIAL OCCUPATION Gives Lind of sweet done 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTIPLICE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME WILLIAM ROTH 15. WAS DECASED EVER IN U.S. ARMED FORCES? 10. OO OUT 11. WAS AUTORY 11. CAUSE OF BEATH (Enter one of dates) 11. SOCIAL SECURITY NO. 12. INFORMANT 13. WAS DECASED EVER IN U.S. ARMED FORCES? 14. SOCIAL SECURITY NO. 15. INFORMANT 16. CAUSE OF BEATH (Enter one of dates) 17. INFORMANT 18. CAUSE OF BEATH (Enter one of dates) 19. WAS AUTORY 19. WAS AUTOR					1	Months				
13a. FATHER'S NAME 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF RUSAND OR WIFE	3 2				-16	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZ	EN OF WHAT COUNTRY			
13a. FATHER'S NAME 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF RUSAND OR WIFE	6	WS				during most of working life, even if retired) Housework At Home Zella Mo. U.	S.A.			
15. WAS DECRASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH (First only on cause of the part	7 0				1:					
10 10 10 10 10 10 10 10	В.				l	William Roth Veronica Basler Late Charles	Baumann Baumann			
18. CAUSE OF DEATH (Enter only one cause DY.) 19. PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) 10. Conditions, if any, which gave rise to above cause (a), stating the underly which gave rise to above cause (b), stating the underly ling cause last. Due to (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal white a pregnancy in last 90 day. 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PAST II of item 18.) 20. TIME OF HOW Month, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE ATM, factory, street, office bldg, etc.) 20. TIME OF HOW MORK 20s. ACCIDENT SUICIDE ATM, factory, street, office bldg, etc.) 21. I stretched the deceased from 19. The county of the best of processed at 19. Death occasion at 19. Death o	<u> </u>	AS				(a a second annual I if the size of the size of data				
Indicate Cause (a) Indicate Cause (b) Indicate Cause (c) Indicat	<u> </u>	io∠ I I		╽┟	 -	18. CAUSE OF DEATH (Enter only one cause	TE AVE.			
Which gave rise to above cause (a), stating the under-lying cause last. 13	10	171		NA NA	1	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH			
Which gave rise to above cause (a), stating the under-lying cause last. 13	11	ğö		Į	l	IMMEDIATE CAUSE (8)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal metre a prespancy in last 90 day in the deceased was female we metre a prespancy in last 90 day in the deceased was female we metre a prespancy in last 90 day in the deceased was female we metre a prespancy in last 90 day in the part II. If deceased was female we metre a prespancy in last 90 day in the part II. If deceased was female we metre a prespancy in last 90 day in the part II. If deceased was female we metre a prespancy in last 90 day in the part II. If deceased was female we metre a prespancy in last 90 day in the part II. If deceased was female we metre a prespancy in last 90 day in last	1290 0	FAI		8	İ	Conditions, if any, DUE TO (b)				
AND STATE STATE S		┡		H		above cause (a), stating the under- lying cause last.) DUE TO (c) 420.0	~			
The state of the s	<u>Q</u> n	6			Ñ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If dec	eased was female w pregnancy in last 90 day			
The state of the s	70	SF			Ş		T /			
The state of the s		DWE	;		CERTIF	PERFORMED?	PART II of item 18.)			
21. I attedded the deceased from Mary 9:00 m on the date stated above, and to the best of por Rnowledge, from the fauses stated. 22a. SIGNATURE 22c. BATE SIGN 22c. BATE SI	A O	AME		<u>-</u> .	EDICAL	INJURY a.m. 27				
22a. SIGNATURE 22a. SIGNATURE 22a. SIGNATURE 22a. NAME OF CEMETERY OR CREMATORY 23c. LOCATION (City, town, or county) 23c. LOCATION (City, town, or county) 23c. Louis Mo. 24. EUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. REGISTRARY SIGNATURE	-				*	WHILE AT WORK ☐ farm, factory, street, office bldg., etc.)	STATE			
22a. SIGNATURE 22a. SIGNATURE 22a. NAME OF CEMETERY OR CREMATORY 23c. LOCATION (City, town, or county) 23c. LOCATION (City, town, or county) 23c. Louis Mo. 24. EUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. REGISTRARY SIGNATURE	A OR	E E	.			21. Lattended the secessed from Many Wars, to 11865 and last saw her alive on 1191	03			
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL Specific Mar. 20, 1963 Calvary Cemetery St. Louis, Mo. Z. EUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG., REGISTRARY SIGNAPURE						9:00 M	n the tauses stated.			
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specific) Par. 20, 1963 Calvary Cemetery St. Louis, Mo. 24 EUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. J. REGISTRARY SIGNAPURE	USE	SHOUL		ğ		22a. SIGNATURE (7.(Degree or file)) 22b. ADDRESS	22 DATE SIGN			
Z		▎┡╣	+	┯Ѯ	₩	BURIAL CRIMATION 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town, or count	y) (State)			
] []	12	Mar. 20, 1965 Calvary Cemetery St. Louis, Mo.				
		ITEM		BY A	K ₁		11.0.			

Fo. 7-4350 12:30-3

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STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
working under my perso	onal supervision.	Signed Jale Character
·	ure of Student Embalmer	Ensented Embalmer No. 4533
		P. O. Address
with the above constitute	es grounds for revocation of	n in his OWN handwriting.